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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *fr*
 FRANCE 03 08220 07/04/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY FRANCE | SHEETS DRAWING 1 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 1 |
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Verified and Acknowledged *[Signature]* *[Initials]*
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TITLE
 Device for urinary incontinence

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|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED 440 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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